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**BOSE McKENNEY & EVANS LLP**

2700 First Indiana Plaza  
135 North Pennsylvania Street  
Indianapolis, Indiana 46204

PATENT APPLICATION

*IN THE UNITED STATES PATENT AND TRADEMARK OFFICE*

Group:: 3632 }  
Atty. Docket: 8266-0371 }  
Applicants: Metz, et al. }  
Title: MEDICAL DEVICE }  
SUPPORT ASSEMBLY }  
Serial No.: 09/629,524 }  
Filed: August 1, 2000 }  
Examiner: Chan, K. }

Certificate Under 37 CFR 1.8(a)

I hereby certify that this paper or fee is being deposited  
with the United States Postal Service as first class mail in an  
envelope addressed to the Commissioner for Patents,  
Washington, D.C. 20231

on December 21, 2001

D. Cwiklinski  
D. Cwiklinski

Dated: Dec. 21, 2001

RESPONSE TO FIRST OFFICIAL ACTION

Sir:

In response to the Official Action of September 24, 2001, please amend the above-noted application as indicated below and consider the remarks found herein. Pursuant to 37 C.F.R. §1.121, a version of the claims as amended is submitted herein, and a marked up version showing the amendments to the claims is submitted contemporaneously herewith as ATTACHMENT A.

01/24/2002 FFANAEIA 00000064 09629524

01 FC:102  
02 FC:103

672.00 DP  
900.00 DP



25267

PATENT TRADEMARK OFFICE

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## PATENT APPLICATION

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Serial No.: 09/629,524  
Filing Date: August 1, 2000  
Title: MEDICAL DEVICE SUPPORT ASSEMBLY  
Group: 3632 Examiner: K. Chan  
Attorney Docket No.: 8266-0371

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D. Cwiklinski

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COMMISSIONER FOR PATENTS  
WASHINGTON, D.C. 20231

Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS (37 C.F.R. 1.16(c))	87	37*	50	\$18	\$900
INDEPENDENT CLAIMS (37 CFR 1.16(b))	13	5**	8	\$84	\$672
If applicant has small entity status under 37 C.F.R. 1.9 and 1.27, then divide total fee by 2, and enter amount here.				SMALL ENTITY TOTAL	NO
TOTAL FEE FOR ADDITIONAL CLAIMS					\$1,572

\*If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

\*\*If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

An Extension of Time for \_\_\_\_\_ month(s) is hereby requested under 37 C.F.R. 1.136(a). The required fee for filing this extension is: \_\_\_\_\_

Information Disclosure Statement \_\_\_\_\_

TOTAL FEE FOR THIS AMENDMENT

\$1,572

X A check in the amount of \$1,572 to cover the total fee for this amendment is attached.

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment, to Bose McKinney & Evans LLP's Deposit Account No. 02-3223. A duplicate copy of this sheet is enclosed.

Attorney of Record  
Printed Name: Ryan C. Barker  
Registration No.: 47,405